

U. S. Cost Reimbursable

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 857

To

(Payee)

PAID BY

SAPC 536/  
 COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms Fixed Fee				111.	38

PAYMENT:

Complete   
 Partial   
 Final

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total 111. 38

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

STATINTL

Date  Per  Amount verified; correct for  111. 38  
 (Signature or initials) *STATINTL*

Contract No. A101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† App  *11/20*

By  CONTRACTING OFFICER

SIGN  
ORIGINAL  
ONLY

Title  Date  STATINTL

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

J APPROVING OFFICER

Paid by { Check No. ..... dated ..... 19 ..... for \$ ..... on ..... Payee ..... on Treasurer of the United States in favor of payee named above.  
 Cash, \$ ..... on ..... 19 ..... Payee ..... (Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per J. Doe".

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ .....", and over his official title.

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STATINTL

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